Summary Sheet (Form RF-3)

| Change in Company's premium or rate level produced | I by rate revision effective | June 30, 2006 |
|--|--|--|
| (1) <u>Coverage</u> | (2) Annual Premium <u>Volume (Illinois)*</u> | (3) Percent <u>Change (+ or -)**</u> |
| Automobile Liability Private Passenger Commercial Automobile Physical Parago | | |
| 2. Automobile Physical Damage Private Passenger Commercial | | |
| Liability Other Than Auto Burglary and Theft Glass | | |
| 6. Fidelity7. Surety8. Boiler and Machinery | | |
| 9. Fire10. Extended Coverage | | |
| 11. Inland Marine12. Homeowners13. Commercial Multi-Peril | | |
| 14. Crop Hail | | |
| 15. Other Motorcycle Line of Insurance | 53,655 | -1.7% |
| Does filing only apply to certain territory (territories) or | certain classes? If so, sp | ecify: |
| No | | |
| Brief description of filing. (If filing follows rates of an a Per-Pak Discount Factors have been revised. | advisory organization, spec | ify organization): |
| | | |

ACUITY, A Mutual Insurance Company Name of Company

Diane Udovich Regulatory Filing Technician Official - Title

^{*} Adjusted to reflect all prior rate changes.

** Change is Company's premium level which will result from application of new rates.

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET Form (RF-3)

Change

| 5/12/2006 | (3) Percent | Change (+ or -)** | %1- | ganization): | | AMCO Insurance Company Name of Company | Jason Koehn - Product Manager Official – Title |
|---|-----------------------|--------------------|--|---|--|---|---|
| produced by rate revision effective | (2) Annual Premium | Volume (Illinois)* | \$211,073.00 startain classes? If so, specify: | es of an advisory organization, specify org 2006 Rate Revison | n will result from application of new rates. | AMC | Jason I |
| Change in Company's premium or rate level produced by rate revision effective | (1) | Coverage | 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Motorcycle / Snowmobile / ATV Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: | Brief description of filing. (If filing follows rates of an advisory organization, specify organization): AMCO Insurance Company Recreational Vehicle Program 2006 Rate Revison | *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. | | |

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

| Change in Company's premium or rate le | evel produced by rate revision effective | 8-/-06 \$19,388 |
|--|--|---|
| (1) | (2) Annual Premium | (3) Percent |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** |
| Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage Inland Marine | | |
| 12. Homeowners | | |
| 13. Commercial Multi-Peril14. Crop Hail | | |
| 15. Other Line of Insurance | \$280,420 | +6.9% |
| Brief description of filing. (If filing follow policy inception factors, introduction of | (territories) or certain classes? If so, specifies rates of an advisory organization, specified safety glass coverage and purchase pon coverage in both motor home and tra | sify organization): Change the age at price loss settlement option, base rate |
| ** P I I | | |
| *Adjusted to reflect all prior rate changes **Change in Company's premium level w | hich will result from application of new rate | es. |
| | American Moo | lern Home Insurance Company Name of Company |
| | Traci Bur | bage-Compliance Analyst Official – Title |

| • | Change in Company's premium or rat | e level produced by rate revision effective | 04-21-06 |
|-------|---|---|---------------------------|
| | (1) | (2) | (3) |
| | <u>Сочетаде</u> | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | PANCE |
| 3. | Liability Other Than Auto | THEION OF INSU | HOPPR |
| 4. | Burglary and Theft | DIVITATE OF LLING | ED |
| 5. | Glass | neo- | |
| 6. | Fidelity | APR-2 7 2 | 0006 |
| 7. | Surety | APR 2 . | |
| 8. | Boiler and Machinery | | - 210 |
| 9. | Fire | SPAINGFIELD. | ILLINOIS |
| 10. | Extended Coverage | SPHINOT | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Clergy Mobile | \$1,144 | 13.9% |
| | Homeowners | | |
| | Line of Insurance | | |
| | | | |
| | iling only apply to certain territory (to | erritories) or certain classes? If so, specify: | |
| No | <u>, ,</u> | | |
| | | | |
| | | | |
| | | rates of an advisory organization, specify of | |
| | | e rating information and zip code rating zon | e revision effective |
| Septe | ember 1, 2006. | | |
| | | | |
| | | | |
| F A | djusted to reflect all prior rate change | 5. | |

** Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company
Name of Company

Steve Nurre, CPCU, AIS
Director---Commercial Lines
Official - Title

| | (1) | (2) Annual Premium | (3) Percent |
|----|---|--------------------------------------|-------------------|
| | Coverage | Volume (Illinois)* | Change (+ or -)** |
| | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| | Automobile Physical Damage | | |
| | Private Passenger | | |
| | Commercial | | |
| | Liability Other Than Auto | | |
| | Burglary and Theft | | |
| | Glass | | |
| | Fidelity | | |
| | Surety | | |
| | Boiler and Machinery | | |
| | Fire | | |
|). | Extended Coverage | | |
| ١. | Inland Marine | | |
| 2. | Homeowners | | |
| 3. | Commercial Multi-Peril | | |
| 4. | Crop Hail | | |
| 5. | Other Commercial Package | \$1,001,388 | -3.40% |
| | Line of Insurance | | |
| | | | •• |
| | s filing only apply to certain territory (ter | rritariae) ar cartain claeeae? It ea | en/Na |
| ЭС | o thing only apply to contain termory (ter | mones, or certain classes: if so, | sp(140 |

- Adjust to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Columbia Mutual Insurance Company
Name of Company

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

APR 28 2006

SPRINGFIELD, ILLINOIS

Official - Title

Dennis McVay, CPCU

Director, Research and Development

Change in Company's premium or rate level produced by rate Revision effective 11-15-06

| | (1) Coverage | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|----------|--|---------------------------------------|-------------------------------------|
| | | | |
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| 2 | Commercial | <u> </u> | |
| 2. | Automobile Physical Damage Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 3. 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Businessowners | \$206,653 | 5.70% |
| | Line of Insurance | | |
| _ | | | if-v |
| Does : | filing only apply to certain territory (to lies to all sublines, territories and cl | erritories) or certain classes? If | so, specity: ler our independent |
| | chised Family Restaurant Program | · · · · · · · · · · · · · · · · · · · | er our muependent |
| Frai | chised Family Restaurant Program | | |
| Brief | description of filing. (If filing follows | rates of an advisory Organizati | on, specify organization): |
| We a | are adopting ISO Illinois state loss c | osts BP-2005-RLA1 (04-06) aı | nd revising company LCMs |
| We a | re also adopting ISO Apartment Bu | uilding Class-Specific rules an | d loss costs ed. 08/06 |
| | 005-RABRU and BP-2005-RABLC | | |
| | | | |
| * A | djusted to reflect all prior rate changes | S. | _ |
| ** C | hange in Company's premium level w | hich will result from application | of new rates. |
| | DIVISION OF INSURANCE STATE OF ILLINOISIDEPR STATE OF ILLINOISIDEPR 2 2006 | | |
| | DIVISION OF ILLINOIS IN THE PROPERTY OF ILLINOIS INTERPROPERTY OF ILLINOIS INTERPROPERTY OF ILLINOIS INTERPROPERTY | 1 | |
| | RECE | Continental West | ern Insurance Company |
| | MAY 2 2 2006 | | of Company |
| | | 1 | |
| | ILLINOIS | | |
| | SPRINGFIELD, ILLINOIS | Vicki Iscobs | , Research Analyst |
| | | | icial - Title |
| H292 | 19D | | w** |

Change in Company's premium or rate level produced by rate Revision effective <u>11-15-06</u>

| | (1) <u>Coverage</u> | (2) Annual Premium Volume (Illinois)* | (3) Percent Change (+ or -)** |
|----------------------------|--|--|---|
| 1. | Automobile Liability | | |
| | Private Passenger | | |
| | Commercial | | |
| 2. | Automobile Physical Damage | * | |
| | Private Passenger | | |
| | Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Fr Restaurant BOP | \$498,690 | 7.96% |
| | | | |
| | Line of Insurance | | |
| App Frai | filing only apply to certain territory (to lies to all sublines, territories and cl nchised Family Restaurant Program | asses that would be written und | der our independent |
| App Frai | filing only apply to certain territory (to lies to all sublines, territories and cl | asses that would be written und s rates of an advisory Organization | der our independent on, specify organization): |
| App Fran Brief We | filing only apply to certain territory (to lies to all sublines, territories and clunchised Family Restaurant Program description of filing. (If filing follows are adopting ISO Illinois state loss can adjusted to reflect all prior rate change change in Company's premium level with the program of the prior of the pri | s rates of an advisory Organization sosts BP-2005-RLA1 (04-06) and solution will result from application application Continental Wester | der our independent on, specify organization): d revising company LCMs |
| App Fran Brief We | filing only apply to certain territory (to lies to all sublines, territories and clunchised Family Restaurant Program description of filing. (If filing follows are adopting ISO Illinois state loss cadjusted to reflect all prior rate change change in Company's premium level with DIVISION OF INSURANCE | s rates of an advisory Organization sosts BP-2005-RLA1 (04-06) and s. S. hich will result from application Name of Na | der our independent on, specify organization): d revising company LCMs of new rates. rn Insurance Company |

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Form (RF-3)

| effective |
|---|
| e revision |
| ıced by rat |
| mium or rate level produced by rate revision ef |
| um or rate |
| ıny's premi |
| nge in Company's prer |
| Change |

| 30.02/Z1/C | (3) Percent | Change (+ or -)** | | | | | 741- | - 176 | ganization): | | Depositors Insurance Company Name of Company | Jason Koehn - Product Manager Official – Title |
|--|-----------------------|--------------------|--|----------------------|---|---|--|--|--|--|--|---|
| ate tevel produced by rate revision enective | (2) Annual Premium | Volume (Illinois)* | | | | | | \$Z1,766.00 | itories) or certain classes? If so, specify: es of an advisory organization, specify or | n application of new n | Oebo | Jason |
| Change in Company's premium of rate level | (2) | Coverage | Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial | Liab Burg Glag | 6. Fidelity 7. Surety 8. Boiler and Machinery | _ | 13. Commercial Multi-Peril 14. Crop Hail | 13. Ottiel Motorcycle / Snowmobile / A I v | Does filing only apply to certain territory (territories) or certain classes? If so, specify: Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Depositors Insurance Company Recreational Vehicle Program 2006 Revision | *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. | | |

| | (1) | (2) Annual Premium | (3) Percent |
|----------------|--|--|--|
| | Coverage | Volume (Illinois)* | <u>Change (+ or -)**</u> |
| 1. | Automobile Liability Private Passenger Commercial | | |
| 2. | Automobile Physical Damage Private Passenger Commercial | | |
| 3. | Liability Other Than Auto | | |
| 4. | Burglary and Theft | - | |
| 5. | Glass | | |
| 6. | Fidelity | | |
| 7. | Surety | | - |
| 8. | Boiler and Machinery | | |
| 9. | Fire | | |
| 10. | Extended Coverage | | |
| 11. | Inland Marine | | - |
| 12. | Homeowners | | |
| 13. | Commercial Multi-Peril | | |
| 14. | Crop Hail | | |
| 15. | Other Professional Liability | \$3,200,000 | approx. 7.4% |
| | Line of Insurance | | |
| Does f N/A | iling only apply to certain territory (te | rritories) or certain classes? If so, specify: | |
| Propo polic | osed filing only makes changes to incr y limits with greater than \$1,000,000/ | | organization): ased costs of reinsurance. Only |
| * Cl | djusted to reflect all prior rate changes nange in Company's premium level who sult from application of new rates. DIVISION OF LEVEL OF ILLER CONTROL OF ILLER | NSURANCE NOIS/IDEPR | American Insurance Co. |

Name of Company

A way thether.

Dennis J. Bothman, CPCU
Div. Vice President-Underwriting
Official - Title

Form (RF-3)

SUMMARY SHEET

| | Change in Company's revision effective | premium or rate level produced by 9/1/2006 | rate |
|------------------------------------|---|---|--------------------|
| | (1) | (2) Annual Premium | (3) Percent |
| | <u>Coverage</u> | Volume (Illinois) * | Change (+ or -) ** |
| 1. Automobile Lia | bility | | |
| Private Pa | | | |
| Commerc | _ | | |
| 2. Automobile Ph | vsical Damage | | |
| Private Pa | · • | | |
| Commerc | • | | |
| 3. Liability Other | | | |
| 4. Burglary and T | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Mad | hinery | | |
| 9. Fire | | | |
| 10. Extended Cov | /erage | | |
| 11. Inland Marine | _ | | |
| 12. Homeowners | | | |
| 13. Commercial N | Aulti-Peril | | |
| 14. Crop Hail | | | |
| 15. Other | Motorcycles | \$ 269,929 | 3.9% |
| | Line of Insurance | | |
| Does filing only a If so, specify: | | territories) or certain classes? | No. |
| organization, spe | of filing. (If filing follows cify organization): cycle UM/UIM rates base | rates of an advisory ed on adverse experience. | |
| ** Change in | o reflect all prior rate cha Company's premium le application of new rate | vel which will | |

| Grinnell Mutual Reinsurance Compan | У |
|------------------------------------|---|
| Name of Company | DIVISION OF INSURANCE STATE OF ILLINOIS/ADFPR |
| John Landkamer, Actuary | RE OF ILLINOIS/IDEANCE |
| Official - Title | · 11 B |
| | MAY 8 - 2006 |
| L | SPRINGFIELD, ILLINÖIS |
| | 100 |

H29219D

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

| 5/12/2006 | (3) Percent Change (+ or -)** | | organization): | rates. Nationwide Property and Casualty | Name of Company Jason Koehn - Product Manager Official - Title |
|---|---------------------------------------|---|--|--|--|
| produced by rate revision effective | (2) Annual Premium Volume (Illinois)* | \$75,464.00 | follows rates of an advisory organization, specify organization): | h will result from application of new rat | Jas |
| Change in Company's premium or rate level produced by rate revision effective | (1) Coverage | Automobile Liability Private Passenger Commercial Private Passenger Commercial Private Passenger Commercial Private Passenger Commercial Private Passenger Commercial Burglary and Theft Selass Glass Fidelity Surrety Boiler and Machinery Pire Homeowners Commercial Multi-Peril Commercial Multi-Peril Crop Hail Crop | Brief description of filing. (If filing follows rates of an advisor Nationwide Property and Casualty Recreational Vehicle Program 2006 Revison | *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. | |

| Change in Company's premiu revision effective | m or rate level produced | by rate | |
|---|-------------------------------------|--|--|
| (1) | (2) | (3) | |
| | Annual Premium | Percent | |
| <u>Coverage</u> | Volume (Illinois)* | Change (+ or -)** | |
| 1. Automobile Liability | | | |
| Private Passenger | | | |
| Commercial | | | |
| 2. Automobile Physical Damage | | | |
| Private Passenger Commercial | | | |
| 3. Liability Other Than Auto | | | |
| 4. Burglary and Theft | | | |
| 5. Glass | | | |
| 6. Fidelity | | | |
| 7. Surety | | | |
| 8. Boiler and Machinery | | | |
| 9. Fire | | | |
| 10. Extended Coverage | | | |
| 11. Inland Marine | | | |
| 12. Homeowners | | | |
| 13. Commercial Multi-Peril | | | |
| 14. Crop Hail | | | |
| 15. Other Directors and Officers | \$5,850 | -38% to 0% | |
| Line of Insurance | - `` | | |
| Does filing only apply to certain If so, specify: no | territory (territories)o | or certain classes? | |
| Brief description of filing. (If organization, specify organization | n): independent filing | | |
| | ■ CT | SION OF INSURANCE ATE OF ILLINOIS/IDEPR | |
| * Adjusted to reflect all prior a ** Change in Company's premium lev result from application of new | rate changes. vel which will rates. | MAY 1 2 2006 RINGFIELD, ILLINOIS | |
| | RSUI Indemnity C | Company | |
| | Name of Compa | | |
| | | | |
| : | Ron Hardeman - VP, Regula | tory Compliance | |
| | Official - Ti | | |

| | | | . , | |
|-----|----------------------|-----------------------------------|---------------------------------------|---------------------------|
| | | (1) | (2) | (3) |
| | ! | Coverage | Annual Premium Volume (Illinois)* | Percent Change (+ or -)** |
| 1. | | ile Liability Passenger | | |
| 2. | Automob | oile Physical Damage Passenger | | |
| 3. | Liability | Other Than Auto | | |
| 4. | Burglary | and Theft | , , , , , , , , , , , , , , , , , , , | |
| 5. | Glass | | | |
| 6. | Fidelity | | | |
| 7. | Surety | | | |
| 8. | Boiler and Machinery | | | |
| 9. | Fire | • | | |
| 10. | Extended | Coverage | | |
| 11. | Inland M | arine | | |
| 12. | Homeow | ners | | |
| 13. | Commerc | cial Multi-Peril | | |
| 14. | Crop Hai | l | | |
| 15. | Other | Businessowners | 6,250,264 | 0.0% |
| | | Line of Insurance | | ····- |

- * Adjusted to reflect all prior rate changes.
 ** Change in Company's premium level which will result from application of new rates.



West Bend Mutual Insurance Company Name of Company

> Barb Spalda, AU Product Development Specialist Official - Title

H29219D